PAY SLIP

Clinic Name: ____
Clinic Address: ____
Contact Number: _____

Employee Details

Field	Details
Employee Name	_____
Designation	Assistant Dentist
Employee ID	_____
Pay Period	_____
Payslip Number	_____

Earnings

Earnings Type	Amount (₹)
Basic Salary	
Incentives / Bonus	
Other Allowance	
Total Earnings	

Deductions

Deduction Type	Amount (₹)
Leave Deduction	
Advance	
Other Deductions	
Total Deductions	

Net Salary

Net Pay (₹): _____

Amount in Words: _____

Payment Mode: Cash / Bank Transfer / UPI
Date of Payment: _ / _ / ____

Authorized Signatory Signature

& Clinic Stamp

This is a computer-generated payslip and does not require a physical signature if shared digitally.